AFTER RECORDING RETURN TO:
Mortgage Connect, LP
600 Clubhouse Drive
Moon Township, PA 15108
File No. 2963029

Karen Johnson Davidson County
Batch# 1079089 AFFIDAVIT
12/06/2023 02:42:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20231206-0094400

This document prepared by:
John Windsor, Esq.
8940 Main Street
Clarence, NY 14031
866-333-3081

Tax ID No.: 160-12-0-173.00

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF TN
COUNTY OF Williamson

BEFORE ME, the undersigned Notary Public, personally appeared **Marcia C. Corley,** of legal age, as the surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is **Marcia C. Corley** and I reside at 1522 Wilson Pike, Brentwood, TN 37027.

2. I owned real property as a joint tenant with **Lynch B. Corley, Jr.,** who, at the time of his demise, was one of the owners of such real property located in Davidson County, State of Tennessee, described as follows:

The Land referred to herein below is situated in the County of WILLIAMSON, State of TN, and is described as follows:

Being Lot Number 12 on the Plan of Section "A" Woodridge, of record in Plat Book 7900 at page 181.

Tax ID: 160-12-0-173.00

Property Commonly Known As: 705 Woodridge Court, Brentwood, TN 37027

Being the same property conveyed to Lynch B. Corley, Jr. and wife, Marcia C. Corley from Construction Associates, Inc. in a Warranty Deed dated 03/30/1993 and recorded 03/31/1993 under Book 8900, Page 954 in the Register's Office of Davidson County, Tennessee.

3. **Lynch Bennett Corley, Jr.,** who is one and the same person as **Lynch B. Corley, Jr.,** my deceased spouse, departed this life on 07/25/2019 as evidenced by a copy of the death certificate of the deceased attached hereto.

4. Affiant is the surviving joint tenant of the property described herein.

GRANTOR(S) hereby covenant with and represent unto the said Grantee(s) and unto her/his/their successors or assigns, that he/she/they is/are lawfully seized in fee simple of the lot or parcel of land above described; that the same is free from all liens and encumbrances except ad valorem taxes for the current tax year and subsequent years, restrictions, restrictive covenants and easements of record, if any; that he/she/they has/have a good and lawful right to sell and convey the same as aforesaid and that he/she/they will forever warrant and defend the title to same unto the said Grantee(s) and unto his/her/their successors or assigns, except as to said taxes, restrictions, restrictive covenants and easements of record, if any.

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

Marcia C. Corley

MARCIA C. CORLEY

STATE OF TN
COUNTY OF Williamson

Personally appeared before me, the undersigned Notary Public of the aforesaid County and State, **MARCIA C. CORLEY** the within named Grantor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and seal, at office in Brentwood TN, this 1st day of Dec, 2023.

Notary Public

My Commission expires: 09/02/24

ANN STATHOS DONNELL
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 041498

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT - For use by Funeral Home

1. DECEDENT'S LEGAL NAME: LYNCH BENNETT CORLEY JR					2. SEX: MALE	3. DATE OF DEATH: 07/25/2019
4. TIME OF DEATH (Appox.): 08:25 AM	5a. AGE: 94	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 01/08/1925	7. BIRTHPLACE: DAVIDSON COUNTY, TN
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 705 WOODBRIDGE CT		8c. CITY OR TOWN: BRENTWOOD				8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): MARCIA LOUISE CROTHERS		11a. DECEDENT'S USUAL OCCUPATION: FINANCIAL ADVISOR			11b. KIND OF BUSINESS/INDUSTRY: INVESTMENT/FINANCE
12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON			13c. CITY OR TOWN: BRENTWOOD
13d. STREET AND NUMBER: 705 WOODERIDGE CT		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37027			14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: LYNCH BENNETT CORLEY	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ALICE LOGAN

20a. INFORMANT'S NAME: BENNETT CORLEY	20b. RELATIONSHIP TO DECEDENT: SON	20c. MAILING ADDRESS: 2631 OLD CHARLOTTE PIKE, FRANKLIN, TN 37064

DISPOSITION

21a. METHOD OF DISPOSITION: DONATION	21b. PLACE OF DISPOSITION: VANDERBILT UNIVERSITY MEDICAL CENTER	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ NONE NONE	22b. LICENSE NUMBER: 0000	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: VUMC ANATOMICAL DONATION PROGRAM, 2213 GARLAND AVE., NASHVILLE, TN 37232			23b. LICENSE NUMBER: 0000

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G B SHOP III	25. DATE FILED: 07/26/2019

CERTIFIER

26. CERTIFIER
26a. ☑ PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED
26b. ☐ MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. CERTIFIER: ▶ /e/ KRISTEN SLADEK COLLER	27b. LICENSE NUMBER: 038920	27c. DATE SIGNED: 07/26/2019
27d. NAME AND ADDRESS: KRISTEN SLADEK COLLER 1718 PATTERSON ST, NASHVILLE, TN 37203		

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE	YEARS
	DUE TO (OR A CONSEQUENCE OF)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO	32. IF FEMALE: N/A	
33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK? / 34d. PLACE OF INJURY
	34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY	

TH-1359 (Rev. 8/2013) RDA 10 12

11241393

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III
Edward G. Bishop II
State Registrar

1 1 2 4 1 3 9 3
Date Issued: JUL 29 2019

CERTIFICATION OF VITAL RECORD

202312060094400

Exhibit A
Legal Description

Being Lot Number 12 on the Plan of Section "A" Woodridge, of record in Plat Book 7900 at page 181

Being the same property as conveyed from Construction Associates, Inc. to Lynch B. Corley, Jr. and wife, Marcia C. Corley as set forth in Deed Book 8900 Page 954 dated 03/30/1993, recorded 03/31/1993, DAVIDSON County, TENNESSEE.

Parcel ID: 160-12-0-173.00

Tennessee Certification of Electronic Document

I, Sophea Keo, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on December 1, 2023 (date of document).

Affiant Signature

12/6/23
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 6th day of December, 2023.

Notary's Signature

MY COMMISSION EXPIRES: June 22, 2027

NOTARY'S SEAL

Commonwealth Of Pennsylvania - Notary Seal
Courtney Kern, Notary Public
Allegheny County
My Commission Expires June 22, 2027
Commission Number 1435416